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## BIB DATA SHEET

CONFIRMATION NO. 9975

<b>SERIAL NUMBER</b> 10/816,780	<b>FILING or 371(c) DATE</b> 04/02/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> 12730/253		
<b>APPLICANTS</b> Timothy A.M. Chuter, Atherton, CA; <b>** CONTINUING DATA *****</b> This application is a CON of 10/079,473 02/19/2002 PAT 6,719,782 which is a CON of 09/375,928 08/17/1999 PAT 6,454,795 which is a CON of 08/885,830 06/30/1997 PAT 5,993,482 which is a CON of 08/582,943 01/04/1996 ABN <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/19/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JULIAN W WOO/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> BRINKS HOFER GILSON & LIONE/CHICAGO/COOK PO BOX 10395 CHICAGO, IL 60610 UNITED STATES						
<b>TITLE</b> Flat wire stent						
<b>FILING FEE RECEIVED</b> 650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		